

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**Immunization Worksheet and Survey Instructions**  
**Child Care Center/Nursery/Preschool**

(Surveys must be submitted no later than *December 1, 2014*)

**Part I: Filling out the worksheet**

Complete the attached worksheet for CHILDREN AGE 2 AND OLDER (**do not include children enrolled in “before-school” or “after-school” programs**). Indicate with a check mark under each vaccine the total number of doses each child has received. **Please mark only one box for each vaccine – this should be the last dose received.** Acceptable information must include month and year of each immunization. If this is unknown, then do not mark any box. **See example below. If your program is licensed by EEC, you must also answer questions regarding staff immunizations. Refer to the staff immunization instructions and worksheet before completing the survey.**

- A. **For varicella**, indicate **whether** the child received 1 dose of varicella vaccine **OR** if he or she has a physician-certified reliable history of disease (this must be documented in the child’s immunization chart). If a child has a history of disease and varicella vaccine, only count the vaccine.
- B. Total each column and enter results in the SUBTOTAL DOSES row.
- C. For DTaP/DTP, enter the total of columns 4+5 in DTaP/DTP TOTAL box. For polio, enter the total of columns 3+4 in polio TOTAL box. For Hib, enter the total of columns 3+4 in the Hib TOTAL box.
- D. Record the number of children who received 1 dose of MMR and 3 doses of Hep B in each TOTAL box.
- E. For “4-3-1,” enter a check for each child who has received a combination of **at least 4 or more DTaP/DTP, and 3 or more polio and 1 MMR**. Add column and enter number in 4-3-1 TOTAL box.

Child's Name	Birth Date	DTaP/DTP					Polio				MMR	4-3-1	Hib				Hep B			Varicella		PCV7 or PCV13				Hep A		Rotavirus			Influenza
		1	2	3	4	5	1	2	3	4			1	2	3	4	1	2	3	1	Disease	1	2	3	4	1	2	1	2	3	≥1
J. Doe	1/8/12				✓				✓		✓	✓			✓				✓					✓		✓			✓		✓
J. Smith	4/5/11			✓					✓		✓				✓		✓			✓				✓		✓		✓			✓
D. Jones	2/1/10					✓				✓	✓	✓			✓		✓			✓				✓		✓			✓		
SUBTOTAL					1	1			1	2	3	2			1	2		1	2	1				2		2			2		2
TOTAL DOSES					2				3		3	2			3				1	2	1			2		2			2		2

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### **Part II: Completing the Survey**

Using the “Total Doses” row on the worksheet, complete the online survey with the corresponding number of children. Before submitting the survey, print a copy of the survey for your files. Your immunization records may be audited.

1. Enter your school’s 4-digit ID number.
2. Enter TOTAL NUMBER OF CHILDREN in your program.
3. Enter TOTAL NUMBER OF CHILDREN AGE 2 AND OLDER.
  - 4A. Of children 2 and older, enter total number with 4 or more doses of DTaP/DTP.
  - 4B. Of children 2 and older, enter total number with 3 or more doses of polio.
  - 4C. Of children 2 and older, enter total number with 1 dose of MMR (do not count doses given 5 or more days before the first birthday).
  - 4D. Of children 2 and older, enter total number with 3 or more doses of Hib.
  - 4E. Of children 2 and older, enter total number with 3 doses of hepatitis B.
  - 4F. Of children 2 and older, enter total number with 1 dose of varicella (do not count doses given 5 or more days before the first birthday).
  - 4G. Of children 2 and older, enter total number with physician-certified reliable history of chickenpox disease. (Each child should receive 1 dose of varicella **or** have a physician-certified reliable history of chickenpox disease.)
5. From the 4-3-1 TOTAL box, enter number of children age 2 and older who have received a combination of *at least 4 or more DTaP/DTP, and 3 or more polio and 1 MMR*.
  - 6A. Of children 2 and older, enter total number with 4 or more doses of PCV7 or PCV13.
  - 6B. Of children 2 and older, enter total number with 2 doses of hepatitis A.
  - 6C. Of children 2 and older, enter total number with 3 doses of rotavirus.
  - 6D. Of children 2 and older, enter total number with 1 or more doses of influenza vaccine received between July 2013 and June 2014.
7. Enter number of children with medical exemptions (Physician statement must be on file at your program).
8. Enter number of children with religious exemptions (Parent statement must be on file at your program).
9. Record number of children with no immunization record (Do not include students with partial immunization records, or those with medical or religious exemptions. ONLY include students who are missing their entire immunization record.)

**Note:** For students who have documented proof of vaccination **and** another proof of immunity to the same disease, please record as vaccinated.

**If your program is licensed by EEC, you must answer questions 13-17 regarding staff immunizations. Refer to the accompanied instructions and worksheet before completing and submitting the survey.**